

## Division of Health Care Facilities

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>TN9003                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>07/09/2012 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ASBURY PLACE AT JOHNSON CITY |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>105 WEST MYRTLE AVENUE<br>JOHNSON CITY, TN 37604 |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE                           |
| N1410  | <p>1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness</p> <p>(2) Physical Facility and Community Emergency Plans.</p> <p>(a) Physical Facility (Internal Situations).</p> <p>5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Evacuation procedures.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, the facility failed to assure an earthquake drill was exercised annually.<br/>The findings include:<br/>Interview and record review with the Maintenance Director on July 9, 2010 at 12:15 p.m. confirmed the facility failed to have a written earthquake disaster plan or perform earthquake drills annually.<br/>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 9, 2012.</p> | N1410   | <p><u>1200-8-6-.14(2)(a)5.(ii)</u></p> <ol style="list-style-type: none"> <li>1. An earthquake disaster plan was developed and implemented on 7/13/12. A disaster drill to include earthquake, was conducted on 7/31/12.</li> <li>2. An audit of disaster drills was conducted on 7/9/12 and identified no other missing disaster plans or drills.</li> <li>3. Facility Maintenance Director or designee, is responsible for conducting required disaster drills.</li> <li>4. The results of the disaster drills will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</li> </ol> | 7/31/12                                      |

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Administrator

8/3/12

6099

CWKE21

If continuation sheet 1 of 1